



DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT
FREDERICK COUNTY, MARYLAND

401 Sagner Ave. • Frederick, Maryland 21701
301-600-3504 • FAX 301-600-3585 • TTY Use Maryland Relay
www.FrederickCountyMD.gov/Housing

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BELL COURT HOUSING APPLICATION

OFFICE USE ONLY
DATE COMPLETED APP REC'D: _____
TIME: _____

All units are one level / one bedroom townhouse-style homes on a private cul-de-sac in Woodsboro.

ELIGIBILITY:

- Applicants must have an annual income at or below 30% of Area Median Income.
- Applicants must be 62 years of age or older.

SELECTION FROM WAITING LIST:

- Applicants will be pulled from the Wait List & considered for eligibility on a first come/first served basis.
- All applicants will be screened for credit, criminal background, and tenant history.

RENT / SECURITY DEPOSIT:

- Rent is set at a percentage of gross income; there is a minimum rent of \$335, a maximum base rent, and a yearly evaluation.
- Tenants pay electric separate from rent.
- Security Deposit is equivalent of one month rent and is handled according to Maryland Law.

PLEASE NOTE: YOUR APPLICATION INCLUDES THE APPLICATION FORM AND 2 ATTACHMENTS:

IT IS NOT CONSIDERED SUBMITTED UNLESS IT IS COMPLETE:

- APPLICATION FORM: ANSWER ALL QUESTIONS COMPLETELY & SIGN
- ATTACHMENTS: MUST BE SIGNED & ATTACHED
- APPLICATIONS MUST BE SUBMITTED TO:
FC DHCD, 401 SAGNER AVE., FREDERICK, MD 21701 ATTN: BELL COURT

<u>HOUSEHOLD INFORMATION</u> (Who will be residing in Bell Court unit) FULL NAME	SOCIAL SECURITY NUMBER	DISABLED OR HANDICAPPED YES/ NO	(OPTIONAL) RACE W-WHITE B-BLACK I-INDIAN A-ASIAN	SEX MALE OR FEMALE	AGE	DATE OF BIRTH		U.S. CITIZEN YES/NO

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____ CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBERS: HOME _____ WORK _____ OTHER (CELL/FAMILY MEMBER) _____

EMAIL: _____ OTHER CONTACT: _____

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<u>CURRENT INCOME</u> NAME OF HOUSEHOLD MEMBER WITH INCOME:	SOURCE OF INCOME: <i>E.G., SOCIAL SECURITY, EMPLOYER NAME, ETC.</i>	GROSS AMOUNT OF EACH CHECK	HOW OFTEN DO YOU RECEIVE A CHECK?

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<u>EMPLOYMENT (If applicable)</u> LIST EMPLOYER(S)	EMPLOYER ADDRESS	DATE EMPLOYMENT BEGAN	DATE EMPLOYMENT ENDED / WHY ENDED

<u>ASSETS:</u> NAME OF HOUSEHOLD MEMBER WITH ASSET:	DESCRIPTION OF ASSET <u>Includes:</u> Checking/Savings accounts, Certificates of Deposit, Stocks or Bonds, Pensions, Real Estate, Etc.	VALUE OF ASSET	ANNUAL INCOME FROM ASSET	NAME AND ADDRESS OF BANK

MISCELLANEOUS: PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

CRIMINAL BACKGROUND:

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CONVICTED OF A CRIME? _____ WHAT? _____

WHEN? _____

EXPLAIN? _____

CREDIT BACKGROUND: DO YOU HAVE ANY CURRENT CREDIT ISSUES? _____

IF YES, PLEASE EXPLAIN: _____

PLEASE SEE AND COMPLETE THE ATTACHED: AUTHORIZATION FOR RELEASE OF INFORMATION & LANDLORD REFERENCE SHEET

SIGNATURE OF APPLICANT: _____ **DATE:** _____

FOR OFFICE USE ONLY:

Current 50% AMI: _____

(1) Applicant Gross Income: _____

(2) Annual Income from Assets: _____

Total Gross Income (1+2): _____

Income Eligible for Bell Court: _____